

Please type a plus sign (+) inside this box +

PTO/SB/01 (12-97)

Approved for use through 9/30/00.OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	PEL-2836 US
	First Named Inventor	Marsot
	COMPLETE IF KNOWN	
	Application Number	10/574,242
	Filing Date	03/29/2006
	Group Art Unit	Not Yet Assigned
Examiner Name	Not yet assigned	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR AN IMPROVED SAMPLE CAPTURE DEVICE

(Title of the Invention)

the specification of which
☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 09/29/04 as United States Application Number or PCT International

Application Number PCT/US2004/032025 was amended on (MM/DD/YYYY) NA (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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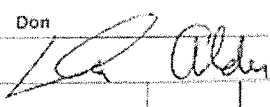
DECLARATION — Utility or Design Patent Application							
<small>I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.</small>							
U.S. Parent Application or PCT Parent Number				Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)	
PCT/US2004/032025				09/29/2004			
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.							
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number 77845 Place Customer Number Bar Code Label here							
OR							
<input type="checkbox"/> Registered practitioner(s) name/registration number listed below							
Name		Registration Number		Name		Registration Number	
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label 77845 OR <input type="checkbox"/> Correspondence address below							
Name: Paul Davis							
Address: Goodwin/Procter LLP							
Address: 135 Commonwealth Drive							
City: Menlo Park		State: CA		ZIP: 94025			
Country: U.S.		Telephone: 650-752-3100		Fax: 650-853-1038			
<small>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</small>							
Name of Sole or First Inventor:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Travis				MARSOT			
Inventor's Signature: <i>Travis Marsot</i>						Date: 3 MAY 06	
Residence: City: Mountain View		State: CA		Country: US		Citizenship: US	
Post Office Address: 381B Tyrella Avenue							
Post Office Address:							
City: Mountain View		State: CA		ZIP: 94043		Country: US	
X Additional Inventors are being named on the <u>2</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:							

Please Type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Paul		LUM					
Inventor's Signature						Date	2006 May 03
Residence: City	Los Altos	State	CA	Country	US	Citizenship	US
Post Office Address	690 Templebar Way						
Post Office Address							
City	Los Altos	State	CA	ZIP	94022	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Don		ALDEN					
Inventor's Signature						Date	3 MAY 06
City	Sunnyvale	State	CA	Country	US	Citizenship	US
Post Office Address	1312 Nelson Way						
Post Office Address							
City	Sunnyvale	State	CA	ZIP	94087	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
James		ROSS					
Inventor's Signature						Date	
City	Livermore	State	CA	Country	US	Citizenship	US
Post Office Address	869 Lucerne Street						
Post Office Address							
City	Livermore	State	CA	ZIP	94551	Country	US

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u> 2 </u> of <u> 2 </u>
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Ron L.				Bardell			
Inventor's Signature				Date			
Residence: City	Minneapolis	State	MN	Country	US	Citizenship	US
Post Office Address		4150 Alabama Ave. S					
Post Office Address							
City	Minneapolis	State	MN	ZIP	55416	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Bernhard				Weigl			
Inventor's Signature				Date			
City	Seattle	State	WA	Country	US	Citizenship	US
Post Office Address		5530 Canfield Place N					
Post Office Address							
City	Seattle	State	WA	ZIP	98103	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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	First Named Inventor	Marsot
	<i>COMPLETE IF KNOWN</i>	
	Application Number	10/574,242
	Filing Date	03/29/2006
	Group Art Unit	Not Yet Assigned
Examiner Name	Not yet assigned	

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(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **09/29/04** as United States Application Number or PCT International

Application Number **PCT/US2004/032025** was amended on (MM/DD/YYYY) **NA** (if applicable).

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
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

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DECLARATION — Utility or Design Patent Application

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/US2004/032025		

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 

Place Customer
Number Bar
Code Label here

OR

☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label OR ☐ Correspondence address below

Name	Paul Davis						
Address	Goodwin Procter LLP						
Address	135 Commonwealth Drive						
City	Menlo Park			State	CA	ZIP	94025
Country	US	Telephone	650-752-3100		Fax	650853-1038	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Travis				Marsot			
Inventor's Signature						Date	
Residence: City	Mountain View	State	CA	Country	US	Citizenship	US
Post Office Address	361B Tyrella Avenue						
Post Office Address							
City	Mountain View	State	CA	ZIP	94043	Country	US

☐ Additional inventors are being named on the ___ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:

Please Print (or type) inside this box



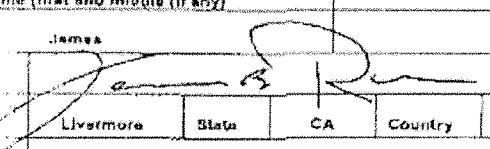
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
First Name (first and middle (if any))		Family Name or Surname						
Paul		LUM						
Inventor's Signature						Date		
Residence		Los Altos	State	CA	Country	US	Citizenship	US
Post Office Address		820 Templar Way						
Post Office Address								
City		Los Altos	State	CA	ZIP	94022	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
First Name (first and middle (if any))		Family Name or Surname						
Don		ALDEN						
Inventor's Signature						Date		
City		Sunnyvale	State	CA	Country	US	Citizenship	US
Post Office Address		1312 Nelson Way						
Post Office Address								
City		Sunnyvale	State	CA	ZIP	94087	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
First Name (first and middle (if any))		Family Name or Surname						
James		ROSS						
Inventor's Signature						Date		11/11/98
City		Livermore	State	CA	Country	US	Citizenship	US
Post Office Address		869 Lucerne Street						
Post Office Address								
City		Livermore	State	CA	ZIP	94551	Country	US

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
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u> 2 </u> of <u> 2 </u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Ron L.				Bardell			
Inventor's Signature						Date	
Residence: City	Minneapolis	State	MN	Country	US	Citizenship	US
Post Office Address		4150 Alabama Ave. S					
Post Office Address							
City	Minneapolis	State	MN	ZIP	55416	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Bernhard				Weigl			
Inventor's Signature						Date	
City	Seattle	State	WA	Country	US	Citizenship	US
Post Office Address		5530 Canfield Place N					
Post Office Address							
City	Seattle	State	WA	ZIP	98103	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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	First Named Inventor	Marsot
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	Group Art Unit	Not Yet Assigned
Examiner Name	Not yet assigned	

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
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar
Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label OR ☐ Correspondence address below

Name	Paul Davis						
Address	Goodwin Procter LLP						
Address	135 Commonwealth Drive						
City	Menlo Park			State	CA	ZIP	94025
Country	US	Telephone	650-752-3100			Fax	650853-1038

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))				Family Name or Surname			
Travis				Marsot			
Inventor's Signature						Date	
Residence: City	Mountain View	State	CA	Country	US	Citizenship	US
Post Office Address	361B Tyrella Avenue						
Post Office Address							
City	Mountain View	State	CA	ZIP	94043	Country	US

☐ Additional inventors are being named on the ___ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:

Please Type a plus sign (+) inside this box → +

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Paul				Lum			
Inventor's Signature						Date	
Residence: City	Los Altos	State	CA	Country	US	Citizenship	US
Post Office Address	690 Templebar Way						
Post Office Address							
City	Los Altos	State	CA	ZIP	94022	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Don				Alden			
Inventor's Signature						Date	
City	Sunnyvale	State	CA	Country	US	Citizenship	US
Post Office Address	1312 Nelson Way						
Post Office Address							
City	Sunnyvale	State	CA	ZIP	94087	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
James				Ross			
Inventor's Signature						Date	
City	Livermore	State	CA	Country	UU	Citizenship	US
Post Office Address	869 Lucerne Street						
Post Office Address							
City	Livermore	State	CA	ZIP	94551	Country	US


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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Ron L.		BARDELL					
Inventor's Signature					Date	5/10/2006	
Residence: City	Minneapolis	State	MN	Country	US	Citizenship	US
Post Office Address	4150 Alabama Ave. S						
Post Office Address							
City	Minneapolis	State	MN	ZIP	55416	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Bernhard		WEIGLE					
Inventor's Signature					Date		
City	Seattle	State	WA	Country	US	Citizenship	US
Post Office Address	5630 Canfield Place N						
Post Office Address							
City	Seattle	State	WA	ZIP	98103	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Inventor's Signature					Date		
City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	PEL-2836 US
	First Named Inventor	Marsot
	<i>COMPLETE IF KNOWN</i>	
	Application Number	10/574,242
	Filing Date	03/29/2006
	Group Art Unit	Not Yet Assigned
Examiner Name	Not yet assigned	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR AN IMPROVED SAMPLE CAPTURE DEVICE

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **09/29/04** as United States Application Number or PCT International

Application Number **PCT/US2004/032025** was amended on (MM/DD/YYYY) **NA** (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.


Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority	Certified Copy Attached?	
			Not Claimed	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/US2004/032025		

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar
Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label OR ☐ Correspondence address below

Name	Paul Davis						
Address	Goodwin Procter LLP						
Address	135 Commonwealth Drive						
City	Menlo Park			State	CA	ZIP	94025
Country	US	Telephone	650-752-3100			Fax	650853-1038

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))				Family Name or Surname			
Travis				Marsot			
Inventor's Signature						Date	
Residence: City	Mountain View	State	CA	Country	US	Citizenship	US
Post Office Address	361B Tyrella Avenue						
Post Office Address							
City	Mountain View	State	CA	ZIP	94043	Country	US

☐ Additional inventors are being named on the ___ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:

Please Type a plus sign (+) inside this box +


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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Paul				Lum				
Inventor's Signature					Date			
Residence: City	Los Altos	State	CA	Country	US	Citizenship	US	
Post Office Address		690 Templebar Way						
Post Office Address								
City	Los Altos	State	CA	ZIP	94022	Country	US	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Don				Alden				
Inventor's Signature					Date			
City	Sunnyvale	State	CA	Country	US	Citizenship	US	
Post Office Address		1312 Nelson Way						
Post Office Address								
City	Sunnyvale	State	CA	ZIP	94087	Country	US	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
James				Ross				
Inventor's Signature					Date			
City	Livermore	State	CA	Country	UU	Citizenship	US	
Post Office Address		869 Lucerne Street						
Post Office Address								
City	Livermore	State	CA	ZIP	94551	Country	US	

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Ron L.		BARDELL	
Inventor's Signature			Date
Residence: City	Seattle	State	WA Country US Citizenship US
Post Office Address 5530 Canfield Place N			
Post Office Address			
City	Seattle	State	WA ZIP 98103 Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Bernhard Hans		WEIGL	
Inventor's Signature			Date 5-11-06
City	Seattle	State	WA Country US Citizenship US
Post Office Address 5530 Canfield Place N			
Post Office Address			
City	Seattle	State	WA ZIP 98103 Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
City		State	Country Citizenship
Post Office Address			
Post Office Address			
City		State	ZIP Country

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